

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

12/21/01

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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))</small>	Attorney Docket No.	1440.102-016
	First Named Inventor or Application Identifier	Raghuram Kalluri
	Express Mail Label No.	EJ094292852US

Title of Invention	ANTI-ANGIOGENIC PROTEINS AND FRAGMENTS AND METHODS OF USE THEREOF
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APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231
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1. <input type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Specification Total Pages [205] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of the invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets [58] <input checked="" type="checkbox"/> Fig. of the Drawings for Publication [46] <input type="checkbox"/> No Figure to be Published 4. <input type="checkbox"/> Oath or Declaration Total Pages [] <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> <ul style="list-style-type: none"> i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. 1.63(d)(2) and 1.33(b). 5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i>	6. <input checked="" type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form b. <input checked="" type="checkbox"/> Paper Copy (identical to computer copy) [21] Pages c. <input checked="" type="checkbox"/> Statements verifying identity of above copies
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ACCOMPANYING APPLICATION PARTS	
7. <input type="checkbox"/> Assignment Papers (cover sheet & documents) <input checked="" type="checkbox"/> Assignee - Beth Israel Deaconess Medical Center, Inc. Boston, MA	8. <input type="checkbox"/> Power of Attorney [] 37 C.F.R. 3.73(b) Statement 9. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 [] Copies of IDS Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard 13. <input type="checkbox"/> Small Entity [] Statement filed in prior application, status still proper and desired 14a. <input type="checkbox"/> Foreign Priority Claim under 35 U.S.C. §119 or 365 14b. <input type="checkbox"/> Certified Copy of Priority Document(s) 15. <input type="checkbox"/> Nonpublication Request <i>(check parent application)</i> 16. <input type="checkbox"/> Other _____

17. If a CONTINUING APPLICATION , check appropriate box; supply the requisite information. <input type="checkbox"/> Continuation [] Divisional <input checked="" type="checkbox"/> Continuation-in-part (CIP) of prior application No.: PCT/US01/00565 Prior application information: Examiner: Group Art Unit: The entire disclosure of the prior application is considered a part of the disclosure of the accompanying application and is hereby incorporated by reference. <i>(Add standard Related Applications section with incorporation by reference to specification or update same)</i>
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